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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**Substitute for Form PTO-1360
(For use with Form PTO/BB/08)

Application Number

10/511,019

Filing Date

Applicant(s)

May be used for additional claims or amendments

CLAIMS	AS FILED 10-21-05		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		1				
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49						
50						
Total Indep	3					
Total Depend	25					
Total Claims	28					

	Indep	Depend	Indep	Depend	Indep	Depend
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98						
99						
100						
Total Indep						
Total Depend						
Total Claims						

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